

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

No. **2039-62-019918**
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **291** Primary Registration District No. _____ Registrar's No. **87**

VS 300
Rev. 4/59

10860
28220

3

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9861X

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11086

1291-3

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DATE AMENDED
6/13/62

INSTEAD OF

completed

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Wife

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Minnesota b. COUNTY Hennapin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural---Union Twp.		c. CITY OR TOWN Minneapolis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Missouri		d. STREET ADDRESS (If outside, give location) 330 Kenmore Circle	
3. NAME OF DECEASED (Type or print) Frank J. Grene Jr.		4. DATE OF DEATH Month May Day 22 Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-7-31
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accounting Manager		10b. KIND OF BUSINESS OR INDUSTRY General Mills	
11. BIRTHPLACE (City and state or country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frank J. Grene		13b. MOTHER'S MAIDEN NAME Martha Wiland	
14. NAME OF HUSBAND OR WIFE Geraldine M. Grene		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Korean War Vet.	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address 2432 N. Albany Ave. Geraldine M. Grene Chicago, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mutiple injuries from plane crash Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Crash of Continental Flight 11	
20c. TIME OF INJURY Hour 9:45 p.m. a.m. _____ p.m. _____ Month, Day, Year 5-22-62	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm		20f. CITY, TOWN, OR LOCATION Union Twp.	
20g. COUNTY Putnam		20h. STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:45 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]		22b. ADDRESS Unionville, Missouri	
22c. DATE SIGNED 5-24-62		22d. LOCATION (City, town, or county) (State) Chicago, Illinois	
23. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-24-62	
23c. NAME OF CEMETERY OR CREMATORY [REDACTED]		23d. LOCATION (City, town, or county) (State) Chicago, Illinois	
24. FUNERAL DIRECTOR High L. Johnson		25. DATE RECD. BY LOCAL REG. 5-24-62	
26. REGISTERAR'S SIGNATURE Marshall Durbin		26. REGISTERAR'S SIGNATURE Marshall Durbin	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

2b, 10a, 10b, 11, 12, 13a, 14, 13b, 16 & 17

90687 NOV 81

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hugh L. Johnson

Licensed Embalmer No.

3487

P. O. Address

Centerville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.